

**CITY OF TUSKEGEE
VENDING PERMIT APPLICATION**

DATE _____

Applicant's Name (Vendor) _____

Applicant's Address: _____

City _____ State _____ Zip Code _____

Applicant's Telephone Number: _____

Date of Birth: _____ SS # _____ DL # _____

Business Name: _____

Business Mailing Address: _____

Business Physical Location: _____

Contact's Cell Phone # _____

Brief Description of Activity & Date(s) _____

_____	Date _____
Signature - Police Chief	___ Approved ___ Disapproved

_____	Date _____
Signature - Codes Enforcement	___ Approved ___ Disapproved

_____	Date _____
Signature - Building Inspector	___ Approved ___ Disapproved

Comments: _____

Forward form to Police Department, Fire Department & Building Inspection Department for approval or disapproval. All information contained within this document is confidential and for the City of Tuskegee's use.